

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

RECEIVED

SEP 06 2016

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

ARdell Walker Jr

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

vs.

TOM DART

Case No: 16-cv-8195
(To be supplied by the Clerk of this Court)

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:

- ☒ COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)
- ☐ COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)
- ☐ OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

I. Plaintiff(s):

- A. Name: ARDELL WALKER JR
- B. List all aliases: NONE
- C. Prisoner identification number: M53100
- D. Place of present confinement: COOK COUNTY JAIL
- E. Address: 2650 S CALIFORNIA (CHI, ILL) 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: TOM DART
Title: COOK COUNTY SHERIFF
Place of Employment: C.C.D.O.C
- B. Defendant: _____
Title: _____
Place of Employment: _____
- C. Defendant: _____
Title: _____
Place of Employment: _____

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: N/A
- B. Approximate date of filing lawsuit: N/A
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: N/A
- D. List all defendants: _____
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): _____
- F. Name of judge to whom case was assigned: _____
- G. Basic claim made: _____
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): _____
- I. Approximate date of disposition: _____

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

I, Ardell Walker JR. got injured March 25th 2016 then I went to Lorretta Hospital for treatment on my Right Elbow. Doctor At hospital did A X-RAY A Stated to me that it WAS Just PAIN And given me A Prescription for (Pain Pills). I Recived the Pain Pill in began to take them for the Pain. 2 weeks later my whole Right Side arm WAS discale. I could not move arm NOR Feel being touched. Then i got Arrested April 19th And WAS sent to the Cook County Jail April 22nd And WAS injured. I then Fractured my Wrisk April 25th on the SAME injured Right Arm in the Cook County Jail. I Asked staff several time's And Regeust for doctor's And Nurse Also Medical treatment for Fractured Right WRISK And Painful injury NO ONE Respond. Wile in the County Div 10/20 My cell mate Given me A WRAP band STAFF took it from me Stated I dont HAVE A Permit for the WRAP band. I Went to Court ON 5-6-16 I beleave Friday with NO Support on injuries My Wrisk WAS hanging down

And I could not feel my fingers. While At court on 5-6-16 grand-n-central A out of control inmate charged me like a bull I suffered more pain to injury I WAS NOT expecting. I Return to county Jail From court the Nurse Prescribe Naproxen that started A stomach Pain Which was the side effect's. The Nurse Switch the Pills to tylenol For A Fractured Wrisk. I then WAS being transferred to Stateville Prison ON 5-9-16 early in the (Am) And got jumped my three MATE GUYS I don't know MAKING it WORSE. OFFICERS Written A Report on the oterccation in. I Finally Went to the hospital cermak At county Jail the Placed A CARDboard box with TAPE ON my ARM And STATED to me don't let your love one's see this. /After that day WAS seen by Doctor A Stroger Cook County hospite/ She did A X-RAY And STATE YOU HAVE DAMAGE NERVS CAUSE MY FRACTURED WRISK WAS NOT treated. She Regeusted me the orphy in Put CAST ON Right ARM. I WAS sent to Stateville ON 5-10-16 the Next day CAUSE OF the situation leding to another injury. At Stateville my Arm WAS NO being taken CARE For treatment I could not sleep CAUSE the Pain

in CAN NOT get the therapy was sched From
 Doctor At Stoger Hospital. the CAST WAS coming OFF
 STAFF in STATEVILLE WAS NO Fixing it Correctly. I
 WAS in cell Q-105 Pushing the emergency button CAUSE
 the Nurse given me the wrong medication's. I
 Wrote A Grievance And sent A letter to P. Fister
 the Ward so he know WAT type of ungoing
 treatment the STAFF WAS doing. I Started to
 get Stressed out losing Weight And have not be
 contacting Family nor LAWYER I KEEPT trying NO
 Response. I did understand Why NO one WAS
 looking At this situation. Doctor stated Request to Write
 something to verify I choose to write A complain. To
 stay in contact here Are Some Address- 5205.W.VAN BUREN
 CHICAGO IL, 60644 773-626-9639 House / Mother
 Leatrice Anderson - 630-430-6879. My Email
 ArdellWallace4@gmail.com / Facebook Ad Walker
 Please send messages to here And leave Message
 to Mother. Im in the county Jail Right Now
 but will be Released soon so need yu to MAIL me
 letters in email if everytime yu CAN still send
 me letters here at county FOR now untill.

Dante's Requested for treatment / 3-25-16 / 4-6-16 / 4-10-16
And 5/3/16 - 5-6-16 / (5-9-16) WAS the date at
Strayer hospital. (MRN # 4988181) (FIN # 771174539)
DOB - 09/28/1990 - MALE - 25 years old - Allergy
Rispendal - Walker, Ardell, Dante JR. / 5-9-16
This is the hospital (doc) for the injury's STATEVILLE JAIL
HAS some also

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I would like to be compensated wife here
in the Cook County Jail for pain and suffering.
And the Amount of 350,000 Dollars

VI. The plaintiff demands that the case be tried by a jury. ☐ YES ☐ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 24 day of 6, 2016

Ardell Walker Jr
(Signature of plaintiff or plaintiffs)

Ardell WALKER JR
(Print name)

20160422028
(I.D. Number)

Cook County Jail
2650 S. CALIFORNIA 60608 (ILL)
(Address)